



## Supplemental Application Data Sheet

### **Application Information**

<u>Application number::</u>	<u>10/765,299</u>
<u>Filing Date::</u>	<u>01/26/04</u>
Application Type::	Continuation-In-Part
Subject Matter::	Utility
Suggested Group Art Unit::	<u>N/A 1618</u>
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CHELATING AGENTS WITH LIPOPHILIC CARRIERS
Attorney Docket Number::	532512001000
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gregory
Middle Name::	M.
Family Name::	LANZA
City of Residence::	St. Louis
State or Province of Residence::	MO
Country of Residence::	US

Street of mailing address:: 12042 Gardengate Drive  
City of mailing address:: St. Louis  
State or Province of mailing address:: MO  
Postal or Zip Code of mailing address:: 63146

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Samuel  
Middle Name:: A.  
Family Name:: WICKLINE  
City of Residence:: St. Louis  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 11211 Pointe Ct.  
City of mailing address:: St. Louis  
State or Province of mailing address:: MO  
Postal or Zip Code of mailing address:: 63127

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Phillip  
Middle Name:: S.  
Family Name:: ATHEY  
Country of Residence:: US  
Street of mailing address:: 119 White Oak  
City of mailing address:: Lake Jackson  
State or Province of mailing address:: TX  
Postal or Zip Code of mailing address:: 77566

<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>US</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Gyongyi</u>
<u>Family Name::</u>	<u>GULYAS</u>
<u>Country of Residence::</u>	<u>US</u>
<u>Street of mailing address::</u>	<u>305 Timbercreek Drive</u>
<u>City of mailing address::</u>	<u>Lake Jackson</u>
<u>State or Province of mailing address::</u>	<u>TX</u>
<u>Postal or Zip Code of mailing address::</u>	<u>77566</u>

<u>Applicant Authority Type::</u>	<u>Inventor</u>
<u>Primary Citizenship Country::</u>	<u>US</u>
<u>Status::</u>	<u>Full Capacity</u>
<u>Given Name::</u>	<u>Garry</u>
<u>Middle Name::</u>	<u>E.</u>
<u>Family Name::</u>	<u>KIEFER</u>
<u>Country of Residence::</u>	<u>US</u>
<u>Street of mailing address::</u>	<u>114 Juniper</u>
<u>City of mailing address::</u>	<u>Lake Jackson</u>
<u>State or Province of mailing address::</u>	<u>TX</u>
<u>Postal or Zip Code of mailing address::</u>	<u>77566</u>

### **Correspondence Information**

Correspondence Customer Number:: 25225

### **Representative Information**

Representative Customer Number:: 25225

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Not yet Assigned <u>10/765,299</u>	Continuation-in-part of	10/351,463	01/24/03
10/351,463	An application claiming the benefit under 35 USC 119(e)	60/351,390	01/24/02
Not yet Assigned <u>10/765,299</u>	An application claiming the benefit under 35 USC 119(e)	60/485,970	07/09/03

### Foreign Priority Information

### Assignee Information

Assignee name::

Barnes-Jewish Hospital

Assignee address::

Barnes-Jewish Hospital Plaza

St. Louis, Missouri 63110